MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **042** Primary Registration District No. **1000** Registrar's No. **1417** STATE FILE NUMBER **63-047141**

FILED DEC 1 8 1963

DO NOT WRITE ON THIS STUB	AMENDED
VS 300 Rev. 4/59	DATE AMENDED
1 5117	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

L.W. Ide, MD — MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY **Buchanan**
b. CITY OR TOWN **St. Joseph,** — Length of stay in 1b **21 years**
c. FULL NAME OF HOSPITAL OR INSTITUTION **Meth. Hosp. & Med. Center** — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Buchanan**
c. CITY OR TOWN **St. Joseph,** — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS **2329 Seneca Street** — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First **MARY** Middle **ANNIE** Last **SHEWMAKER**

4. DATE OF DEATH Month **December** Day **9,** Year **1963**

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH July 6, 1871
9. AGE (last birthday) 92
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ret. Attendant**
10b. KIND OF BUSINESS OR INDUSTRY **State Hospital #2**
11. BIRTHPLACE (City and state or country) **Near Gower, Missouri**
12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **James P. Shewmaker**
13b. MOTHER'S MAIDEN NAME **Minerva Jane Rockhold**
14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**
16. SOCIAL SECURITY NO.
17. INFORMANT **Niece** Address **Mrs. Edna Moxley - St. Joseph, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Left ventricular failure / Arteriosclerotic heart disease	from 11-21-63
DUE TO (b)	Arteriosclerotic heart disease	several months
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **11-21-63** to **12-9-63** and last saw her alive on **12-9-63**
Death occurred at **6:35 PM** m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Lucian W. Ide MD*
22b. ADDRESS **902 Edmond St. Joseph, Mo.**
22c. DATE SIGNED **12-10-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
23b. DATE **DECEMBER 11**
23c. NAME OF CEMETERY OR CREMATORY **Ashland Cemetery**
23d. LOCATION (City, town, or county) **St. Joseph, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Meierhoffer-Fleeman Inc., St. Joseph, Mo.**
25. DATE RECD. BY LOCAL REG. **Dec. 17, 1963**
26. REGISTRAR'S SIGNATURE *Mrs. Clara Goodell*

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ , Student Embalmer No._____

working under my personal supervision.

Student_____   Signed_ *Elbert B. Harrington*
      Signature of Student Embalmer

                                         Licensed Embalmer No. 325 8

                                         P. O. Address_ *St. Joseph, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

     If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

     If this body is not embalmed, fact should be so stated above.